



March 12, 2015

FILED ELECTRONICALLY

The Honorable Jocelyn G. Boyd
Chief Clerk

South Carolina Public Service Commission

PO Drawer 11649
Columbia SC 29211

Attorneys at Law

Alabama
Florida
Louisiana
Mississippi
South Carolina
Tennessee
Texas
Washington, DC

John J. Pringle, Jr.

Direct: 803.343.1270

E-Fax: 803.343.1238

jack.pringle@arlaw.com

RE: Application of H.D. Auston & Son, Inc. d/b/a H.D. Auston Moving &
Storage to Amend Scope of Authority and Name on Class E (Household
Goods) Certificate No. 205-D
Docket No. 2014-474-T

Dear Jocelyn:

On behalf of the Applicant, attached please find a revised copy of the Application previously filed in this Docket, with several additions/clarifications suggested/requested by the ORS.

In sum, this document 1) is dated (Page 1); provides certain additional information about the Applicant (Page 2); includes a balance sheet (in lieu of Page 3); provides clarification on the equipment owned by Applicant (Page 5); and attaches the Applicant's Certificate of Liability Insurance (in lieu of Page 6).

These revisions do not affect the scope of authority sought by the Applicant.

With kind regards, I am

Yours truly,

s/ John J. Pringle, Jr.

John J. Pringle, Jr.

cc: Jeff Nelson, Esq. (via electronic mail service)
Mr. Hardy Auston (via electronic mail service)

BEFORE
THE PUBLIC SERVICE COMMISSION OF
SOUTH CAROLINA

DOCKET NO. 2014-474-T

IN RE:)	
)	
Application of H.D. Auston & Son, Inc. d/b/a)	CERTIFICATE OF SERVICE
H.D. Auston Moving & Storage to)	
Amend Scope of Authority and Name on Class)	
(Household Goods) Certificate No. 205-D)	

This is to certify that I have caused to be served this day, one (1) copy of the revised Application by placing a copy of same in the care and custody of the United States Postal Service (unless otherwise specified), with proper first-class postage affixed hereto and addressed as follows:

VIA ELECTRONIC MAIL SERVICE

Jeff Nelson, Esq.
Office of Regulatory Staff
Legal Department
jnelson@regstaff.sc.gov

s/ John J. Pringle, Jr.
John J. Pringle, Jr.

March 12, 2015
Columbia, South Carolina

CLASS E AMENDMENT FORM

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815

DATE: 8/14/14

Time: 4:06 2014-474-T

I have the following Certificate of Public Convenience and Necessity:

☒ Class E Household Goods # 205-D ☐ Class E Hazardous Waste # _____
Dockets # 1990-739-E 1998-314-T

Please consider this as my request for the following amendment(s) to my Certificate:

☒ **Name Change**

From: H.D. Auston & Son, Inc.
(Current Name)

To: H.D. Auston Moving Systems, LLC
(New Name)

H.D. Auston & Son Moving & Storage
(Current DBA, if Applicable)

H.D. Auston & Son Moving & Storage
(New DBA, if Applicable)

<div data-bbox="261 1193 306 1198">✕</div> <div data-bbox="311 1193 750 1198">Scope of Authority</div>	<div data-bbox="756 1193 801 1198">✕</div> <div data-bbox="807 1193 1244 1198">Between Points & Places in South Carolina</div>
(Current Scope)	(New Scope)

(NOTE: All requests for expanded scope of authority for household goods movers require the filing of a full application and a formal hearing before the Public Service Commission. Any request to expand beyond three contiguous counties requires additional justification and will require the presentation of a shipper witness(s) at the hearing before the PSC.)

☐ **Tariff (change in rates, fuel surcharge, etc. Attach any appropriate documentation)**

H D Auston Moving Systems, LLC	
(Name)	(DBA if applicable)
300 Hammett Street, #109	Greenville, SC 29609
(Street and/or Mailing Address)	(City, State, Zip Code)
Hardy D Auston III	Owner
(Signature)	(Title) Owner, President, etc.
864.269.0073	
(Telephone Number)	

RECEIVED

AUG 15 2014

PSC SC
MAIL / DMS

ORS Revised 3-2-10

253812

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER

2014 - 474 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Telephone:

864 269 0073

Address:

300 Hammett Street

Fax:

Suite 109

Other:

Greenville SC 29609

Email:

Hardy

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input checked="" type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input checked="" type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

Date: 8/14/14

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☐ New Application
☒ Amended Scope of Authority

Current Scope:
(list counties) 50 mile radius of Greenville County

Amended Scope:
(list counties) Statewide

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

HD Auston Moving Systems LLC

300 Hammett Street Suite 109 Greenville SC 29609
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(864) 269-0073

Phone

FAX

Hardy@austonmoving.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

Hardy D. Auston III 108 Burns Street Greenville SC 29605
Tonya C. Auston 108 Burns Street Greenville SC 29605

4. Applicant proposes to operate service as follows: (Check one.)

- ☒ Intrastate Only ☐ Interstate Only ☐ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

HD Auston Moving Systems

Balance Sheet

As of December 31, 2014

	<u>TOTAL</u>
ASSETS	
Current Assets	
Bank Accounts	
ATM Transactions	-86.19
Operations	1,825.00
Payroll	175.00
Petty Cash	22,813.51
ReadyNow	-27,848.18
Regions Bank	32,679.10
Regions Bank - 0332	-41,743.47
Regions Bank - 1760	11,993.06
Rents Held in Trust	6,907.00
SCBT	8,238.20
Total Bank Accounts	\$ 14,953.03
Accounts Receivable	
Accounts Receivable	92,547.66
Total Accounts Receivable	\$ 92,547.66
Other current assets	
Cash Advances	12,710.84
Cash Advances - Greg Hewins	857.00
Cash Advances - James Hewins	3,140.07
Cash Advances-Allen Anderson	1,955.29
Cash Advances-Dena	93.36
Cash Advances-Michael McDowell	30.00
Cash Advances-Reggie Manigault	336.50
Cash Advances-Ricky Barksdale	780.00
Cash Advances-Ricky Davis	970.00
Total Cash Advances	\$ 20,873.06
Cash Tickets	3,049.65
Credit Card Receivables	350.00
Damage Claims Emp Receivable	
Phillip Harrison	58.67
Total Damage Claims Emp Receivable	\$ 58.67
Employee Cash Advance	-14,715.42
Employee Purchases	-780.00
Holding-Redeposited Employee Paychecks	0.00
IPN Holding Account	244.20
Travel Cash Advances	18,224.20
Undeposited Funds	76,982.42
Total Other current assets	\$ 104,286.78
Total Current Assets	\$ 211,787.47
TOTAL ASSETS	\$ 211,787.47

LIABILITIES AND EQUITY**Liabilities****Current Liabilities****Accounts Payable**

Accounts Payable	144,039.15
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Total Accounts Payable	\$ 144,039.15
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Credit Cards

Misc Cards Payable	-2,573.98
--------------------	-----------

Credit Card - 6302	327.85
--------------------	--------

Credit Card - 9064	32.09
--------------------	-------

Total Misc Cards Payable	-\$ 2,214.04
---------------------------------	---------------------

Total Credit Cards	-\$ 2,214.04
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Other Current Liabilities

IRS Installment Agreement	914.03
---------------------------	--------

Loan Payable	0.00
--------------	------

America's Service Company	0.00
---------------------------	------

Loan from Officer	0.00
-------------------	------

Total Loan Payable	\$ 0.00
---------------------------	----------------

Payroll Clearing	2,299.34
------------------	----------

Payroll Tax Payable	69,736.46
---------------------	-----------

Payroll - Adjustments	-210.00
-----------------------	---------

Payroll - FUTA Payable	-41,074.71
------------------------	------------

Payroll - FWT Payable	-2,035.04
-----------------------	-----------

Payroll - Medicare Payable	2,984.70
----------------------------	----------

Payroll - SS Payable	11,639.13
----------------------	-----------

Payroll - State W/H Payable	-6,305.80
-----------------------------	-----------

Payroll - SUTA Payable	-18,841.29
------------------------	------------

Total Payroll Tax Payable	\$ 15,893.45
----------------------------------	---------------------

Sales tax payable	18.62
-------------------	-------

Siuprem (7538863)	558.94
-------------------	--------

Siuprem (7603049)	454.28
-------------------	--------

Total Other Current Liabilities	\$ 20,138.66
--	---------------------

Total Current Liabilities	\$ 161,963.77
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Long-Term Liabilities

New Carolina	-29.65
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Total Long-Term Liabilities	-\$ 29.65
------------------------------------	------------------

Total Liabilities	\$ 161,934.12
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Equity

H. Auston	221,100.08
-----------	------------

HD. Auston Draw	-12,904.71
-----------------	------------

Opening Balance Equity	-26,881.25
------------------------	------------

Retained Earnings	-135,521.09
-------------------	-------------

Net Income	4,060.32
------------	----------

Total Equity	\$ 49,853.35
---------------------	---------------------

TOTAL LIABILITIES AND EQUITY	\$ 211,787.47
-------------------------------------	----------------------

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

See Tariff (ATTACHED)

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

[illegible]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/02/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone: (864) 527-0424 Fax: (864) 527-0443
HERLONG BATES BURNETT INSURANCE, INC.
28 GLOBAL DRIVE, SUITE 102
GREENVILLE SC 29607

CONTACT NAME: Susan M. Finley CIC
PHONE (A/C, No, Ext): (864) 527-0424 FAX (A/C, No): (864) 527-0443
E-MAIL: susan@hbbins.com
ADDRESS:

INSURED
H.D. AUSTON MOVING SYSTEMS, LLC
300 HAMMETT STREET SUITE 109
GREENVILLE SC 29609-7301

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Scottsdale Insurance Company	
INSURER B :	Drive Insurance From Progressive	
INSURER C :	Riverport Insurance Company	36684
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 37409

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			CPS2024403	08/05/14	08/05/15	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED. EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY			017316920	07/13/14	07/13/15	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC-39-84-015922-00	07/19/14	07/19/15	WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		N/A				E.L. EACH ACCIDENT \$ 100,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE \$ 100,000
							E.L. DISEASE-POLICY LIMIT \$ 500,000
A	Inland Marine			CPS2024403	08/05/14	08/05/15	100000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Proof of Coverage

Attention:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

H. Michael Herlong, III, CIC

Exhibit Fit, Willing, and Able (FWA)

HDAuston Moving Systems LLC
Name

271654

U.S.D.O.T No.

179445

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes ☐ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☒ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a MyDMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

OWNER

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Greenville)

SWORN TO BEFORE ME
This 24th day of September, 2014



Notary Public

Commission Expires 6/5/2016

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

HD Auston & Son Moving & Storage LLC
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

I, Tanya C. Auston, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME
This 28th day of Oct, 2014
[Signature]
Notary Public
Commission Expires 6/5/2016

Tanya C. Auston
Applicant's Signature

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

H.D. AUSTON MOVING SYSTEMS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on November 9th, 2000, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
23rd day of October, 2014.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

140821-0194

FILED: 08/18/2014
H.D. AUSTON MOVING SYSTEMS, LLC

Filing Fee: \$10.00 ORIG



Mark Hammond

South Carolina Secretary of State

AUG 18 2014

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

NOTICE OF CHANGE OF (1) DESIGNATED OFFICE, (2) AGENT FOR SERVICE OF
PROCESS, OR (3) ADDRESS OF AGENT

Limited Liability Company – Domestic and Foreign
Filing Fee - \$10.00

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to S.C. Code of Laws §33-44-109, the limited liability company submits the following statement of change.

1. The name of the limited liability company is HD Auston Moving Systems LLC

2. The limited liability company is (check either "a" or "b," whichever is applicable)

☒ a. A South Carolina limited liability company.

☐ b. A foreign limited liability company authorized to transact business in South Carolina.

3. (a) The South Carolina street address of the current designated office for the limited liability company is

6205 White Horse Road
Street Address
GREENVILLE GREENVILLE 29611
City County Zip Code

(b) The name of the company's current agent for service of process is Hardy Auston III

(c) The South Carolina street address of the current registered agent's office is

6205 White Horse Road
Street Address
GREENVILLE GREENVILLE 29611
City County Zip Code

4. Check and complete all boxes (a-c) that apply.

☒ (a) The company is changing the address of its designated office.

The new South Carolina address of the designated office of the limited liability company is

300 Hammett Street Suite 109
Street Address
GREENVILLE GREENVILLE 29609
City County Zip Code

HD Auston Moving Systems LLC
Name of Limited Liability Company

☐ (b) The company is changing its agent for service of process.

The name of the company's new agent for service of process is _____

I hereby consent to the appointment as registered agent.

Agent's Signature

☒ (c) The company is changing the street address of the agent for service of process.

The new South Carolina street address of the registered agent's office is

300 HAMMETT STREET SUITE 109

Street Address

GREENVILLE
City

GREENVILLE
County

29609
Zip Code

5. Unless otherwise specified, these articles are effective when endorsed for filing by the Secretary of State. Specify the time and date of any delayed effective date DECEMBER 12 2009

Signature (Please see the Filing Checklist below)

Hardy Auston III
Print or Type Name

Capacity/Position of Person Signing (You must check one box.)

☐ Manager ☒ Member ☐ Organizer
☒ Fiduciary ☐ Attorney-in-Fact

Date August 6, 2014

Filing Checklist

- Notice of Change of (1) Designated Office, (2) Agent for Service of Process, or (3) Address of Agent (filed in duplicate)
- \$10.00 made payable to the Secretary of State's Office
- Self-Addressed, Stamped Return Envelope
- Make sure the proper individual has signed the form (Please see S.C. Code of Laws §33-44-205(a))

Limited Liability Company forms filed with the Secretary of State must be signed in the name of the company by a:

- (1) manager of a manager-managed company
- (2) member of a member-managed company
- (3) person organizing the company, if the company has not been formed or
- (4) fiduciary, if the company is in the hands of a receiver, trustee or other court-appointed fiduciary

- Return all documents to: South Carolina Secretary of State's Office
Attn: Corporate Filings
1205 Pendleton Street, Suite 525
Columbia, SC 29201